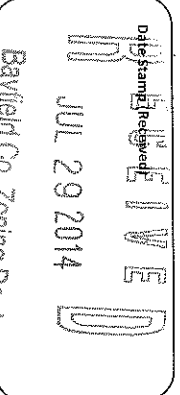


SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAWFIELD COUNTY, WISCONSIN



Permit #:	14-03382
Date:	9-16-14
Amount Paid:	\$125 7-29-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.  
How Do I Fill Out THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Michael P. TRUCHON		Mailing Address:	1341 DAY RD	City/State/Zip:	WAIVUAT SHAD E MO 65771	Telephone:	417 331-3968	
Address of Property:	JAWACK RD		City/State/Zip:	ASHLAND WI				Cell Phone:	
Contractor:	Self		Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:		Agent Mailing Address (include City/State/Zip):				
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-028-047206-241010100-00000	Recorded Document: (i.e. Property Ownership)	Volume	1128	Page(s)	113	
NE 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		
Section 24, Township 47N, N. Range 06W, W				Town of:		Key Stone			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 10
Proposed Construction:	Length: 24	Width: 24	Height: 10

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( 24 x 24 )	576
	<input checked="" type="checkbox"/> Residence (i.e. Cabin) hunting shack, etc.)	( 24 x 24 )	
	with Loft	( 24 x 24 )	
	with a Porch	( 24 x 24 )	
	with (2 <sup>nd</sup> ) Deck	( 24 x 24 )	
	with (2 <sup>nd</sup> ) Deck	( 24 x 24 )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( 24 x 24 )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( 24 x 24 )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( 24 x 24 )	
	Addition/Alteration (specify)	( 24 x 24 )	
	Accessory Building (specify)	( 24 x 24 )	
	Accessory Building Addition/Alteration (specify)	( 24 x 24 )	
	Special Use: (explain)	( 24 x 24 )	
	Conditional Use: (explain)	( 24 x 24 )	
	Other: (explain)	( 24 x 24 )	
Rec'd for Issuance			
SEP 16 2014			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I hereby declare that this application (including any accompanying information) has been examined by me (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael P. Truchon  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 1341 DAY RD WAIVUAT SHAD E MO 65771  
CAR & THE WALK CORRE PICK UP

Date: 7-29-2014

Date: \_\_\_\_\_

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



# and County, WI





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE STAMP (RECEIVED)  
AUG 15 2014  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 14-0333  
Date: 9-16-14  
Amount Paid: \$75.00  
Refund: \$75.8-1514

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Nick & Sue How	Mailing Address: 1341094 RD Washburn Stokke MS	City/State/Zip: 65771	Telephone: 715 652						
Address of Property: SAUAECK RD	City/State/Zip:		Cell Phone: 417-334-3968						
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:						
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-02824700241010002000	Recorded Document: (i.e. Property Ownership) Volume 1128 Page(s) 13						
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage
Section 24, Township 42 N, Range 06 W	Town of: Kenstone								
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of floodplain? If Yes--continue --> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue -->		Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 500.00 per owner	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> HK	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X )	
	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
	with Attached Garage	( ) X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X )	
	Mobile Home (manufactured date)	( ) X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( ) X )	
	Accessory Building (specify) Bridge Access	(18'x100')	1200
	Accessory Building Addition/Alteration (specify)	( ) X )	
Rec'd for Issuance	Special Use: (explain)	( ) X )	
SEP 16 2014	Conditional Use: (explain)	( ) X )	
Secretarial Staff	Other: (explain)	( ) X )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date: \_\_\_\_\_  
(If there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: [Signature] Date: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: [Signature] Date: \_\_\_\_\_  
Copy of Tax Statement  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland <u>mapped</u>	Feet <u>125</u>
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>NA</u>	# of bedrooms: _____	Sanitary Date: _____		
Permit Denied (Date): _____	Reason for Denial: _____					
Permit #: <u>14-0333</u>	Permit Date: <u>9-16-14</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #: _____		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Owner states he is building in location identified by WNE where there are no wetlands. I DP AS A WETLAND. SEE EM A ATTACHED. NOT CONSIDERED</u>		Zoning District (Ac. 1)				
Date of Inspection: <u>8-15-14</u>		Inspected by: <u>J. Greenman, WETLAND FILE</u>		Lakes Classification ( <u>NA</u> )		
Condition(s): <u>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)</u>		Date of Re-Inspection: _____				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>8-18-14</u>				
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____		

# field County, WI





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 04 2014

Bayfield Co. Zoning Dept.

Permit #:	14-0336	ENTERED
Date:	9-16-14	
Amount Paid:	75 - doc	
Refund:	9-9-14	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Travis Kmetz		24385 Pajac Rd		Ashland WI 54806		715 746-3501		
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber:		Plumber Phone:
Same				715 209-1658		NA		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
		Gov't Lot		Lot(s)		Vol & Page		Volume 1052 Page(s) 513
NE 1/4 SW 1/4		1055 6.65 acres USA						
Section 24, Township 47 N, Range 6 W		Town of:		Lot Size		Acreage		
		Kearney				22.72		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		Distance Structure is from Shoreline: 150' drainage ditch		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$13,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 56	Width: 30	Height: 10

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with a Porch	( X )	
<input type="checkbox"/>	<input type="checkbox"/>	with (2nd) Porch	( X )	
<input type="checkbox"/>	<input type="checkbox"/>	with a Deck	( X )	
<input type="checkbox"/>	<input type="checkbox"/>	with (2nd) Deck	( X )	
<input type="checkbox"/>	<input type="checkbox"/>	with Attached Garage	( X )	
<input type="checkbox"/>	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/>	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify)	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify)	( 30 X 56 )	1680
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	( X )	
SEP 16 2014	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
Secretarial Stamp	<input type="checkbox"/>	Other: (explain)	( X )	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Travis Kmetz Date 9-4-14

(If there are Multiple Owners listed on the above, All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Travis Kmetz Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Sho (1) Sho (2) Sho (3) Sho (4) Sho (5)

- (/) show any{\*}):



101 Cathartes (measured at 11:00 AM)

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	162 Feet	Setback from the River, Stream, Creek	247 Feet
Setback from the North Lot Line <i>1944 C Rd</i>		Setback from the Bank or Bluff	
Setback from the South Lot Line <i>ST Hwy</i>	501 Feet	Setback from Wetland	
Setback from the West Lot Line <i>Janecek Rd</i>	713 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	363 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	173 Feet	Setback to Well	
Setback to Drain Field			129 Feet
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (3) stake or mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)			Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):			Reason for Denial:					
Permit #: 14-0336			Permit Date: 9-16-14					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No		Mitigation Required Mitigation Attached	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No			Case #: _____		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #: _____	
Was Parcel Legally Created Was Proposed Building Site Delineated			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: bollg vegetation does not appear navigable.			Inspection Record: bollg vegetation in some areas		Zoning District Lakes Classification (non ven		Date of Re-Inspection:	
Date of Inspection: 9-15-14			Inspected by: J. Greenhouse. Murphy		Date of Re-Inspection:		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)			Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)		Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)		Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)	
Signature of Inspector:			Signature of Inspector:		Signature of Inspector:		Signature of Inspector:	
Hold For Sanitary: <input type="checkbox"/>			Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
Approved for Residential Use:			Approved for Residential Use:		Approved for Residential Use:		Approved for Residential Use:	
Date of Approval: 9-15-14			Date of Approval: 9-15-14		Date of Approval: 9-15-14		Date of Approval: 9-15-14	